

APPLICATION FOR CHILD SUPPORT SERVICES

_____, SSN _____ hereby contract with the
County Child Support Enforcement Agency to provide appropriate child support services.

This application constitutes the contract and its terms. I understand that the Child Support Agency determines which services are necessary for me. If any application fee is required, no services will begin until the fee is paid.

Applicant's Rights and Responsibilities

I understand and agree that:

- * Any payments sent to me in error are my responsibility to repay.
- * The agency will collect any payments sent to me in error. The agency collects 10% of current support payments due to me and ALL money paid toward arrears due to me, until it is paid.
- * The agency may use an attorney to establish or enforce my child support order.
The attorney represents the interests of the agency and no attorney-client relationship exists between the attorney and me. The attorney cannot handle any other legal matter such as custody or visitation.
- * I have the right to request that my support order be reviewed for a possible adjustment every **three** years or an earlier date if there is a significant change in circumstances.

Tax Refund Intercept

Federal law requires that the agency intercept tax refunds to pay off past due child support.

I understand and agree that:

- * If the noncustodial parent owes past due support that meets the rules for tax intercept, the agency notifies the Internal Revenue Service and the N.C. Department of Revenue to withhold up to that amount from the noncustodial parent's tax refund.
- * Past due support owed to the State may be paid before I receive any past due support.
- * A processing fee may be charged. The fee is deducted from the tax refund.
- * If the refund is intercepted from a joint return, the agency must determine if I can receive any of the money. This process may take up to six months.
- * The IRS may adjust the amount of the refund for up to six years. This may require that I return a portion of the refund previously sent to me.

I have received Program information describing services, fees, rights and responsibilities, collection policies, and distribution procedures. I am returning all completed supplemental information sheets with this application.

Applicant Signature

Date

For Office Use Only

_____ IVD Number

☐ Locate Only

Child



Medical Support

**APPLICATION SUPPLEMENTAL DATA
CHILD SUPPORT ENFORCEMENT
PART ONE: APPLICANT INFORMATION**

Please complete the following information about yourself, each absent parent and child for whom you wish to receive our services. The more information that you can tell us, the better we will be able to serve you. If you need assistance in completing this information, please contact your local child support enforcement office. **Please notify us immediately if you have a change of address. We can only send support to you if we have a current mailing address.**

APPLICANT IDENTIFYING INFORMATION**Your Name**

First _____ Middle _____ Last _____ Suffix _____ (e.g. Jr.)

Maiden Name _____ Other names used currently, or in the past: _____

Date of Birth _____ **Race** _____ **Sex** _____ **Social Security Number** _____**Mailing Address:**

Street _____

City _____ County _____ State _____ Zip Code _____

Home Address (if different from mailing address):

Street _____

City _____ County _____ State _____ Zip Code _____

Home Phone: _____ **Work Phone:** _____ **May we contact you at work?** ☐ Yes ☐ No**APPLICANT INCOME INFORMATION****Employer's name and address-**

Income

List all sources in monthly gross amounts

<u>Amount</u>	<u>Source</u>
\$ _____	_____
_____	_____
_____	_____
\$ _____ Total	_____

Federal Benefits? ☐ Yes ☐ No If yes, check all that apply:
☐ Social ☐ RR Retirement ☐ Civil ☐ Postal
☐ Security ☐ Retirement ☐ Other
Unemployment? ☐ Yes ☐ No**Other Income:** Please list source and amount:**LIST THE NAME(S) OF THE ABSENT PARENT(S) FROM WHOM YOU NEED SUPPORT**

1. _____ 2. _____

3. _____ 4. _____

Please check the type of service(s) you are requesting: ☐ Locate Only ☐ Child Support ☐ Medical Support

I certify that all of the information supplied by me is true and correct to the best of my knowledge and belief My signature on this document constitutes a contract and authorizes the Child Support Enforcement Program to provide necessary and appropriate child support services on my behalf.

Applicant's Signature and Date

DSS-4688(6/95)

CSE/ACTS

CHILD SUPPORT APPLICATION SUPPLEMENTAL DATA
PART TWO: CHILD(REN) INFORMATION

Complete the following information for each child

CHILD(REN) INFORMATION			
Child's Name		Child's Absent Parent _____	
First _____	Middle _____	Last _____	Suffix _____ (e.g. Jr.)
Date of Birth _____	Race _____	Sex _____	Social Security Number _____
Relationship to you: <input type="checkbox"/> <input type="checkbox"/> Other _____			
Birthplace: _____			
City		County	
State			
Where was child conceived? City _____		State _____	Child born out of wedlock? <input type="checkbox"/> <input type="checkbox"/>
Father named on child's birth certificate:			
First _____		Middle _____ Last _____	
Is father named on birth certificate the biological father? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has paternity been legally established? <input type="checkbox"/> <input type="checkbox"/> If yes, please state when, where and how below:			
When? _____		Where? _____	
How? (Check one) <input type="checkbox"/> By marriage <input type="checkbox"/> In court <input type="checkbox"/> Voluntary			
Did father sign Affirmation of Parentage at birth? <input type="checkbox"/> <input type="checkbox"/> No		Have paternity/genetic tests been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has father verbally acknowledged paternity? <input type="checkbox"/> <input type="checkbox"/> Yes		No If yes, to _____	
Does this child receive SSI or SSA? <input type="checkbox"/> <input type="checkbox"/>			

CHILD(REN) INFORMATION			
Child's Name		Child's Absent Parent _____	
First _____	Middle _____	Last _____	Suffix _____ (e.g. Jr.)
Date of Birth _____	Race _____	Sex _____	Social Security Number _____
Relationship to you: <input type="checkbox"/> <input type="checkbox"/> Other _____			
Birthplace: _____			
City		County	
State			
Where was child conceived? City _____		State _____	Child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/>
Father named on child's birth certificate:			
First _____		Middle _____ Last _____	
Is father named on birth certificate the biological father? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has paternity been legally established? <input type="checkbox"/> <input type="checkbox"/> If yes, please state when, where, and how below:			
When? _____		Where? _____	
How? (Check one) <input type="checkbox"/> By marriage <input type="checkbox"/> <input type="checkbox"/> Voluntary			
Did father sign Affirmation of Parentage at birth? <input type="checkbox"/> <input type="checkbox"/>		Have paternity/genetic tests been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has father verbally acknowledged paternity? <input type="checkbox"/> Yes <input type="checkbox"/>		No If yes, to _____	
Does this child receive SSI or SSA? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PART THREE: ABSENT PARENT INFORMATION

Complete as much of the following information as possible. The more information we have the better we can help you.

ABSENT PARENT IDENTIFYING INFORMATION			
Absent Parent's Name			
First _____	Middle _____	Last _____	Suffix _____
Maiden Name _____		Alias/nickname/other names used _____	
Date of Birth _____ Race _____ Sex _____ Social Security Number _____			
(or age, if DOB is unknown)			
Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> None <input type="checkbox"/> Other (Specify) _____			
Marriage Date: _____		Separation/Divorce Date _____	
Mailing Address: Is this address <input type="checkbox"/> Current or <input type="checkbox"/> Last Known? (Check one)			
Street _____			
City _____		State _____	Zip Code _____
Home Address (if different from mailing address): Is this address <input type="checkbox"/> Current or <input type="checkbox"/> Last Known? (Check one)			
Street _____			
City _____		State _____	Zip Code _____
Birthplace: City _____ County _____ State _____			
Height: _____ Weight: _____		Hair color: _____ Eye Color: _____ Identifying Marks: _____	
Driver's License: Number _____ State _____			
Vehicle Make/Model/Year: _____		License Plate: Number and State: _____	
Usual Occupation: _____			
Father's name: _____		Address: _____	
Mother's name: (including maiden name) _____		Address: _____	
Most Recent Spouse's Name (other than yourself): _____			
Marriage Date: _____		Separation/Divorce Date: _____	

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 100px; text-align: right;"> ***** ***** ***** </div> <div> ABSENT PARENT INCOME INFORMATION </div> </div>											
Employer's name and address: <input type="checkbox"/> Current or <input type="checkbox"/> Last Known (check one) <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="text-align: center;"> Income List all sources in monthly gross amounts </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center; border-bottom: 1px solid black;"><u>Amount</u></th> <th style="width: 40%; text-align: center; border-bottom: 1px solid black;"><u>Source</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">\$ _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ _____</td> <td style="border-bottom: 1px solid black; text-align: right;">Total</td> </tr> </tbody> </table>	<u>Amount</u>	<u>Source</u>	\$ _____						\$ _____	Total
<u>Amount</u>	<u>Source</u>										
\$ _____											
\$ _____	Total										
Is absent parent self employed? <input type="checkbox"/> <input type="checkbox"/>											
Has absent parent ever been employed by a Federal Government Agency? <input type="checkbox"/> <input type="checkbox"/> No If yes, name of _____											
Federal Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Social Security <input type="checkbox"/> Postal <input type="checkbox"/> VA <input type="checkbox"/> RR Retirement <input type="checkbox"/> Civil Service <input type="checkbox"/> Military <input type="checkbox"/> Retirement <input type="checkbox"/> Other _____											
Unemployment ? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Other Income: Please list source and amount _____											

PART FOUR: ABSENT PARENT INFORMATION
ABSENT PARENT MILITARY AND ARREST RECORD

Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what _____ Rank _____		
<input type="checkbox"/> Active duty	<input type="checkbox"/> Reserve	<input type="checkbox"/> Retired <input type="checkbox"/> _____ <input type="checkbox"/> AWOL <input type="checkbox"/> Unknown
Last known duty station. _____ Service Start Date: _____ Service End Date: _____		
Currently in prison/jail? _____		
Prison/Jail Name: _____ City _____ State _____		
Prior Arrest Record: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and _____		
Offense _____ Convicted ? <input type="checkbox"/> Yes <input type="checkbox"/> No Conviction Type <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Date _____		
Is absent parent currently on parole/probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____		
Name of Parole/Probation Officer: _____		

SUPPORT ORDER INFORMATION

Do you get support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have a <input type="checkbox"/> Court Order or <input type="checkbox"/> Voluntary Agreement to support?	
Please attach a copy of your court order or agreement to support.	
Type(s) of Support <input type="checkbox"/> Child <input type="checkbox"/> Medical Support <input type="checkbox"/> Spousal/Alimony Support (check all that	
How is support paid? (Check one) <input type="checkbox"/> To Clerk of Court <input type="checkbox"/> Direct to you? <input type="checkbox"/> To _____ (landlord, daycare center, etc.)	
Court docket number _____	Order Effective Date _____ County _____ State _____
Amount Ordered \$ _____ per _____	Amount of past due support \$ _____
Children included in the order/agreement _____	

Use this space to tell us any additional information that you think will help us get support for you